

Northern Virginia Long-Term Care UPDATE

Information and Issues from Northern Virginia Long-Term Care Ombudsman Program

Understanding Exit-Seeking Behavior Among Long-Term Care Residents

Every year, in long-term care facilities across the nation, residents with dementia find their way out of facilities. Some of these incidents result from intentional exit-seeking on the part of the resident with dementia. Exit seeking wandering is a highly motivated, goal-directed behavior (Lucero, 2002). It is considered a higher level behavior since it requires the cognitive ability to form a thought, plan an action, and carry out the plan. These characteristics, according to Lucero (2002) differentiate exit-seekers from the other identified types of wanderers with dementia (those who do not have a desire to leave the facility and only exit inadvertently). Researchers have identified two distinct types of exit-seekers: elopers and runaways. They differ in their emotional states, their perceptions of why they are in a long-term care setting, and their reasons for wanting to leave. In this case, the reference is directed to the runaways.

Runaways retain some insight into their circumstances and are very angry or anxious about being in a facility. Their desire to leave is prompted by their concern for their loved ones or the belief that a loved one is coming for them. Runaways can become fixated on calling

their loved ones throughout the day and night and become panicky when they cannot reach them.

Research has identified four times in which the environment routinely and inadvertently prompts exit-seeking behavior in many residents; these times are after every meal and at the afternoon change of shift.

Lucero (2002) identifies intervention strategies, which may be used to reduce exit-seeking episodes during these times:

- Ask the resident for help in completing things that would have been common chores in their homes. Examples include assisting with meal clean-up, sweeping the floor, wiping tables and chair seats, arranging chairs back under the tables.
- Create opportunities to polish things that would normally be found in a household and that can also prompt reminiscing, such as inexpensive silver-plated or brass objects.
- Ask the resident to cut out coupons or scrap paper for memo pads for the staff to use.
- Ask the resident to sort and fold wash cloths, sort and fold tea towels, etc.
- Provide the resident with poker chips, checkers, and large nuts and bolts, or mix large and small paper clips together and ask the person to separate them.

(See *Exit-Seeking*, page 2)

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(Exit-Seeking, from page 1)

According to Lucero (2002), many activities can be used to redirect residents from the leave-taking that occurs during shift changes. These types of structured, recreational group activities should be scheduled for the afternoon change of shift in a setting away from the staff interchange. These include:

- Sing-along of songs that provide comfort, solace, and/or inspiration.
- Going for short rides.
- Exercise activities that involve rote, reflexive responses, such as kickball, ball toss, and bowling.

When encountering an exit-seeker on the way out of the door, facility staff should not try to reason with the resident by explaining to the resident that he or she lives at the facility now and does not have the responsibilities he or she is concerned about. Additionally, physically trying to restrain a resident should only be considered as a last resort. The staff member should validate the resident's distress and calmly engage the resident in a conversation. Sometimes, the resident is too anxious to be easily distracted. In this case, the staff member should walk outside with the resident for a few minutes. After which time, the staff member can advise the resident to come in and eat or

take a rest. This will create the need to return inside. Finally, this type of behavior should be care-planned because it will happen again and a plan should be in place.

Source: Lucero, M. 2002. *Intervention strategies for exit seeking wandering behavior in dementia residents.* American Journal of Alzheimer's Disease and Other Dementia. Weston, MA: September/October.

Best Practice: Bath Warmers

Thanks to the advocacy of our Volunteer Ombudsman Kathleen McCuistian and the openness of a local nursing facility administrator to go the extra mile, there is a special "Best Practice" that we would like to share.

The Loudoun Nursing and Rehabilitation Center in Leesburg provides a warm blanket to residents at the completion of their shower or bath. Last year the facility purchased and installed electric blanket/towel warmers for both of the facility's shower rooms.

Kathleen knew the residents often voiced concern about being cold after taking a shower. So, she suggested the idea to Elizabeth Kaesar, Loudoun's administrator. Ms. Kaesar was receptive and received donations which covered the cost (\$8,000 for the two devices).

Ms. Kaesar says, "The residents love it! They enjoy being wrapped in a toasty bath blanket. Installing the blanket/towel warmers was easy to do, and they are low maintenance. Anything you can do to make a shower a little more pleasant helps everyone".

Congratulations to Loudoun Nursing and Rehabilitation Center who instituted this wonderful enhancement to the residents' quality of care!

Communication Corner

Agitation in Older Persons with Dementia (Part III)

Sleep problems are common in dementia. One type of problem is insomnia—trouble falling asleep at night or waking up throughout the night. Although the cause is often unclear, it is sometimes possible to pinpoint a reason. Physical or medical problems, such as depression, nervousness, or physical pain can cause insomnia.

Sundowning is another type of sleep problem. Sleep patterns are controlled by an internal clock in our brain that senses day and night, telling us when to rest and when to be active. This clock is often damaged in dementia. The person may be awake and overactive at night, thinking it should be daytime and trying to get dressed and out of bed. This type of confusion, disorientation, and agitation is called sundowning because it usually begins in the early evening.

To reduce agitation caused by sleep problems, the following strategies are suggested: Schedule later bedtime; allow for activities or tasks that can safely be done at night, plan more daytime exercise; adjust the temperature in the room; use night lights; reduce or eliminate caffeine; provide nighttime snacks; ensure a clear, well-lit pathway to the bathroom; and eliminate or limit naps.

References

<http://www.econline.net/Knowledge/Articles/agitation.htm>

Meet Volunteer Ombudsman Ty Simpson

Tyler “Ty” Simpson has not only served well beyond his initial one-year volunteer commitment, but Ty also holds the honorable *World Record* (in the State of Virginia, anyway) for serving the longest! He has 17 years of advocacy under his belt, having attended the Northern Virginia Ombudsman program’s very first training class!

Ty says that he initially learned that he was a “people person” from one of those career preference-screening tests in college. In 1980, Ty retired from the U.S. Civil Service with 33 years behind him as a Civilian Personnel Officer in a variety of agencies. After retiring, Ty sought work with numbers for a change and started his own income tax preparation business. Soon, Ty was volunteering with AARP and IRS as a tax preparer.

He couldn’t stay away from working with people so he volunteered with Hospice, the Northern Virginia Hotline, Senior Resources, and many other services. But, of all the different volunteering assignments, Ty cites his volunteer ombudsman service at the Iliff Nursing and Rehabilitation Center as being the most rewarding. At age 81, he is still at it! Here is some of what he had to say:

“I spend four hours at Iliff every Monday, greeting every resident with a smile and a handshake. In the rehab wing, I get to meet people just in from the hospital and I explain the ombudsman program to them and their family members. They need me, and I need them. I keep on going there because I have become a permanent fixture, with seniority over most of the staff. When I leave for the day I am on an emotional high.”

We are so glad that Ty found his niche, and thank him for his continued good work!

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This newsletter is also available in alternative formats.

The Ombudsman Complaint Investigation Log is now available online! Visit our website at:

www.fairfaxcounty.gov/service/aaa/html/Ombud_main.htm

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